# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000020670** 

Entity Name

**G&P ENTERPRISES, LLC** 



FILED Jan 30, 2007 08:00 AM Secretary of State

Principal Place of Business

2332 FOXWORTH DRIVE PANAMA CITY, FL 32405

Mailing Address

P.O. BOX 468

PANAMA CITY, FL 32402



### DO NOT WRITE IN THIS SPACE

01282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0035953

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, BRENDA G 2332 FOXWORTH DRIVE PANAMA CITY, FL 32405

#### DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBINS, BRENDA G 2332 FOXWORTH DRIVE PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000611404 02/02/07-80060-016 50.00

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Brenda Bail Hobbins Br

premabail

Robbins 01/29/0

7 850-522-2008